CIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL 1. CIR./DIST./DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER PADMORE, TOSATTI NHX 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 1:12-000061-001 10. REPRESENTATION TYPE 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 7. IN CASE/MATTER OF (Case Name) US v. PADMORE Felony Adult Defendant Drugs Minus Two 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=ND.F -- NARCOTICS - SELL, DISTRIBUTE, OR DISPENSE 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS 13. COURT ORDER O Appointing Counsel C Co-Counsel GARRITY, PAUL J. R Subs For Retained Attorney Y Standby Counsel F Subs For Federal Defender P Subs For Panel Attorney 14 Londonderry Road Prior Attorney's Name: Londonderry NH 03053 **Appointment Date:** K Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (603) 434-4106 (2) does not wish to waive counsel, and because the interests of justice so require, the Telephone Number: attorney whose name appears in Item 12 is appointed to represent this person in this case, 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) ☐ Other (See Instructions) <u>/s/ Daniel</u> Signature of Presiding Judicial Officer or By Order of the Court

04/30/2015 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. \square YES \square NO time of appointment. CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY TOTAL AMOUNT CLAIMED MATH/TECH ADJUSTED HOURS MATH/TECH ADJUSTED AMOUNT HOURS CLAIMED ADDITIONAL REVIEW CATEGORIES (Attach itemization of services with dates) 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial n e. Sentencing Hearings C f. Revocation Hearings u g. Appeals Court h. Other (Specify on additional sheets) TOTALS: (Rate per hour = \$ a. Interviews and Conferences 16. b. Obtaining and reviewing records u t c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) TOTALS: (Rate per hour = \$ 17. **Travel Expenses** (lodging, parking, meals, mileage, etc.) 18 Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 21. CASE DISPOSITION 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION FROM . TO Final Payment ☐ Interim Payment Number ☐ Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case?

YES

NO If yes, were you paid?

YES

Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation?

YES

NO If yes, give details on additional sheets. □ VES I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: APPROVED FOR PAYMENT -- COURT USE ONLY 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. 34a. JUDGE CODE DATE